

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aida's	CHAPTER 100.1
Address: 45-552 Liula Street, Kaneohe, Hawaii 96744	Inspection Date: November 8, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Menus, no evidence current menus posted as follows:</p> <ol style="list-style-type: none"> <li>1. Kitchen, menu posted in the kitchen reads, "Monday"; however, actual day was Friday.</li> <li>2. Resident Dining Area, no menus posted.</li> </ol>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Missed menu Found Tuesday - Saturday after inspection menu in the floor + posted it. Posted a 4 week cycle of menu in the dining area.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Menus, no evidence current menus posted as follows:</p> <ol style="list-style-type: none"> <li>1. Kitchen, menu posted in the kitchen reads, "Monday"; however, actual day was Friday.</li> <li>2. Resident Dining Area, no menus posted.</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In order to ensure that this does not happen again, I shall counsel my substitute caregivers on the requirement to have a current menu posted in the resident dining area. I shall also post a reminder on the wall in an area near my office to remind myself to maintain and place a current menu daily.</p>	4/6/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (h) All persons who prepare food shall wash their hands with soap and water prior to food preparation and cooking.</p> <p><b><u>FINDINGS</u></b> Bathrooms:</p> <ol style="list-style-type: none"> <li>1. Resident - no evidence of individual hand towels and soap for hand washing.</li> <li>2. Resident Bathroom #1 - no evidence of individual hand towels and soap for hand washing.</li> </ol>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by placing hand towels on the towel racks in the resident bathrooms. Each resident has their own hand towel to prevent infection control. Each hand towel will be replaced when needed if they are soiled. There also is a bar soap and liquid hand soap available for the residents to use next to the sink. The bar soap, and or liquid soap will be replenished immediately when it runs out.</p>	4/6/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (h) All persons who prepare food shall wash their hands with soap and water prior to food preparation and cooking.</p> <p><b><u>FINDINGS</u></b> Bathrooms:</p> <ol style="list-style-type: none"> <li>1. Resident - no evidence of individual hand towels and soap for hand washing.</li> <li>2. Resident Bathroom #1 - no evidence of individual hand towels and soap for hand washing.</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In order to ensure that this does not happen again, I shall counsel my substitute caregivers to ensure that there is adequate soap in the bathrooms for residents to use. I will also counsel my caregivers to ensure that each resident has a hand towel or paper towels for them to use after washing their hands. I will keep an adequate supply of clean hand towel and paper towels for my residents to use.</p>	4/6/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Refrigerator, unsecured over the counter medication I.e., "Cough DM Suppressant" found inside the refrigerator door.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I, Zenaida Bautista corrected this deficiency by labeling and securing the medication in a locked container in the refrigerator.</p>	4/6/2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Refrigerator, unsecured over the counter medication I.e., "Cough DM Suppressant" found inside the refrigerator door.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In order to ensure that this does not happen again, I shall check the medication cabinet daily to ensure that it is locked when not in use. I shall counsel my caregivers on the importance of locking the cabinet to secure the medications after using them. I shall place a reminder notice on the cabinet door to lock the cabinet after use and also to ensure that all medications are appropriately labeled.</p>	4/6/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident records unsecured. I.e., Cabinet in the resident living area used to store records. Cabinet lock not used.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I, Aida Bautista, the care home operator, used the cabinet lock to secure the resident records.</p>	<p>4/6/2020</p>



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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1, documentation for resident finances outdated. I.e., Admitted to care home on 3/22/16, resident signed the Residential Financial Statement on 3/12/16. However, no person specified as responsible for finances.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by contacting the resident's POA/Family and identifying the person responsible for finances. The Residential Financial Statement has been completed and updated with a person specified as responsible for finances.</p>	

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence of written notification for an increase in the fee for services. I.e., Signed agreement (3/12/16) available does not reflect the current charges.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by producing a written notification for an increase in the fee for services and had the agreement signed by my resident/ resident's representative. I have placed the signed agreement with correct/current fee for service in my resident's chart for review by the department.</p>	4/6/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence of written notification for an increase in the fee for services. I.e., Signed agreement (3/12/16) available does not reflect the current charges.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In order to ensure that this does not happen again, I shall create a written notification for an increase in fee for services and have the agreement signed by my resident/ resident representative as soon as the increase takes place and they are agreeable to it.</p>	4/6/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> Bedroom #2, no clear path provided to exit from bedroom. I.e., PCG is using this three (3) shelf to store assorted items resulting with 23 inches of the bedroom exit obstructed.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by removing the 3 shelf from the hallway. I moved the shelf and items to a place away from my resident areas that does not interfere or obstruct any pathways leading to exits, bathrooms, living rooms, etc.</p>	4/6/2020

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><b><u>FINDINGS</u></b> For your emergency plan, please label to identify licensed bedroom per the building plan. Bedrooms #s posted on doors as follows; #1, #2, #3 and #4. However, no #s listed on the posted plan, for these bedrooms.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by amending the posted emergency plan to have the bedroom #s.</p>	<p>4/6/2020</p>



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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Bedroom #3, used for primary care giver (PCG) storage:</p> <ol style="list-style-type: none"> <li>1. Entrance - empty boxes stacked inside the door.</li> <li>2. Closet - contains assorted pieces of wood, picture frame, and ornaments.</li> <li>3. Bedside stand - holds children's books, PCG's personal items of value (cash, jewelry, etc.)</li> </ol>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by clearing out bedroom #3 of all storage/personal items. This room is now free from clutter/obstructions/personal items and is for the sole use of a resident.</p>	<p>4/6/2020</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (o)(2)(B)</p> <p>Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><b><u>FINDINGS</u></b>  Bedroom #2, two (2) beds less than three (3) feet apart. I.e., measurement (11/8/19) between these beds is 1.5 feet.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by moving the beds to at least 3 feet apart.</p>	<p>4/6/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(B)</p> <p>Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><b><u>FINDINGS</u></b></p> <p>Bedroom #2, two (2) beds less than three (3) feet apart. I.e., measurement (11/8/19) between these beds is 1.5 feet.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In order to ensure that this does not happen again, I shall counsel my caregivers about the rules of my resident's physical environment (beds at least 3 feet apart). I have marked the floor with a small piece of tape to show where the beds need to be to indicate at least 3 feet apart. The tape does not cause an obstruction or risk for fall to my residents.</p>	4/6/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (o)(2)(C) Bedrooms:</p> <p>Floor space:</p> <p>In all Type I ARCHs and those undergoing construction or renovation, closet space for residents shall be provided within the bedroom, allowing a minimum of thirty inches in width, twenty inches in depth, and five feet in height per person exclusive of bedroom space;</p> <p><b><u>FINDINGS</u></b> Bedrooms (BR) #1, #2 and #4, no closet space provided for residents use. I.e., Closets removed from BR #1, #2 and #3.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I did the following on:</p> <ol style="list-style-type: none"> <li>1. 11/12/2019, obtained bldg permit from the county</li> <li>2. 2/1/2020 - contracted main building plans</li> <li>3. 3/19/2020 - Submitted to OCHA a request for plan review</li> <li>④ 220 bldg consultant available.</li> </ol>	4/6/2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(C)</p> <p>Bedrooms:</p> <p>Floor space:</p> <p>In all Type I ARCHs and those undergoing construction or renovation, closet space for residents shall be provided within the bedroom, allowing a minimum of thirty inches in width, twenty inches in depth, and five feet in height per person exclusive of bedroom space;</p> <p><b><u>FINDINGS</u></b></p> <p>Bedrooms (BR) #1, #2 and #4, no closet space provided for residents use. I.e., Closets removed from BR #1, #2 and #3</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>before I am construction I need to notify OI/CA</i></p>	<p>5/18/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (q)(1) All construction, additions, alterations:</p> <p>Drawings and specifications for all new construction or additions, alterations or repairs to existing buildings shall be submitted to the department for review prior to construction;</p> <p><b><u>FINDINGS</u></b> No construction plans provided to the department prior to describe the following alterations to the existing building:</p> <ol style="list-style-type: none"> <li>1. Bedroom #1, closet removed to install new shared resident bathroom</li> <li>2. Bedroom #2, closet removed to install new shared resident bathroom</li> <li>3. Bedroom #4, closet removed</li> </ol> <p>Please submit floor plans for these alterations to the building with your Plan of Correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I am the ff on:</i></p> <p>1. 1/2/2019 - obtained a bldg permit from county</p> <p>2. 2/3/2020 - contracted to make bldg plans</p> <p>3. 3/19/2020 - submitted to OHCA - a request for plan review</p> <p>4. <del>Def</del> No bldg consultant available</p>	<p>4/6/2020</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (q)(1) All construction, additions, alterations:</p> <p>Drawings and specifications for all new construction or additions, alterations or repairs to existing buildings shall be submitted to the department for review prior to construction;</p> <p><b><u>FINDINGS</u></b> No construction plans provided to the department prior to describe the following alterations to the existing building:</p> <ol style="list-style-type: none"> <li>1. Bedroom #1, closet removed to install new shared resident bathroom</li> <li>2. Bedroom #2, closet removed to install new shared resident bathroom</li> <li>3. Bedroom #4, closet removed</li> </ol> <p>Please submit floor plans for these alterations to the building with your Plan of Correction.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Before I do construction I need to notify OHCA</i></p>	<p><i>5/18/2022</i></p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> No permit obtained from the City and County of Honolulu Building Department for construction to alter the building.</p>	<p><b>PART 1</b></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> No permit obtained from the City and County of Honolulu Building Department for construction to alter the building.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I have a brochure to help me know when I need to get building permit</i></p>	<i>5/18/2020</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> No evidence of care giver training by the RN Case Manager for substitute care giver (SCG) #1 and #2 for aspiration precautions, maintaining skin integrity and delegation of medication as cited in RN Case Manager care plan.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This deficiency was corrected.</p> <p>I corrected this deficiency by notifying my RN Case Manager of my newly added substitute caregivers. The RN Case Manger was able to provide training to my substitute caregivers for Aspiratoin Precautions, Maintaining Skin Integrity, and deleagion of medication.</p>	<p>2/22</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> No evidence of care giver training by the RN Case Manager for substitute care giver (SCG) #1 and #2 for aspiration precautions, maintaining skin integrity and delegation of medication as cited in RN Case Manager care plan.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure that this doesn't happen again, I will notify my RN Case Manager immediately when I plan to add a new substitute care giver in order for training to take place in a timely manner.</p>	<p>2/20/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> No evidence for completing twelve (12) hours of required annual continuing education hours as follows:</p> <ol style="list-style-type: none"> <li>1. PCG, completed 7 hours. 5 additional hours required.</li> <li>2. SCG #1, completed 4 hours. 8 additional hours required.</li> <li>3. SCG #2, completed 4 hours. 8 additional hours required.</li> </ol> <p>Please submit evidence for additional hours of continuing education completed. We will credit these hours towards your 2018-2019 annual inspection year.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>We have 12<sup>hrs</sup> of training but, sub forgot but insists she placed in file - Training in file.</i></p>	<i>11/19</i>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> No evidence for completing twelve (12) hours of required annual continuing education hours as follows:</p> <ol style="list-style-type: none"> <li>1. PCG, completed 7 hours. 5 additional hours required.</li> <li>2. SCG #1, completed 4 hours. 8 additional hours required.</li> <li>3. SCG #2, completed 4 hours. 8 additional hours required.</li> </ol> <p>Please submit evidence for additional hours of continuing education completed. We will credit these hours towards your 2018-2019 annual inspection year.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In order to ensure that this does not happen again, I shall maintain a tracking tool to reflect the number of CEUs for myself and my SCGs. I shall remind them and assist them in finding classes that provide CEUs. I shall place a reminder notice on the wall in my office area to serve as a reminder that my SCGs and myself require CEUs.</p>	4/6/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1, care plan for hypertension reads, "Heart Healthy Meals that are low in salt and fat." However, no special diet order available. Diet order reads, "Regular."</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, this deficiency was corrected.</p> <p>The deficiency was corrected by ammending the care plan to show "Regular Diet" instead of "Heart Healthy" per diet orders by physician.</p>	<p>4/2002</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1, care plan for hypertension reads, "Heart Healthy Meals that are low in salt and fat." However, no special diet order available. Diet order reads, "Regular."</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure that this doesn't happen again, I will review the care plan and physician orders with my RN Case Manager to ensure that the resident care needs, services and/or interventions are based on physician orders. If the diet is and should be "heart healthy", I will communicate with my RN Case Manager and resident physician to ensure that we have the diet order in the resident records.</p>	<p>2/20/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b>FINDINGS</b>  Resident #1, 6-month comprehensive assessment completed on 3/5/19 and on 9/6/19. For nutritional intake, assessment reads, "regular chopped diet". However, assessments do not reflect the following services provided:</p> <ol style="list-style-type: none"> <li>1. PCG progress note dated 2/25/19 reads, "will notify case manager drinks thickened liquid, bought thickener".</li> <li>2. Annual diet (5/8/19) order reads, "Regular".</li> <li>3. PCG reports, "I give her a Regular Diet and documentation for thickener was an error".</li> </ol>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This Deficiency was corrected.</p> <p>I corrected this deficiency by contacting my RN Case Manager to discuss the 6 month comprehensive assessment and my progress notes. Based on my RN Case Manager's review of the assessment, physician orders, and my progress notes, the assessment was ammended by the RN Case Manager, and I have addendummed my progress notes.</p>	<p>2/20/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1, 6-month comprehensive assessment completed on 3/5/19 and on 9/6/19. For nutritional intake, assessment reads, "regular chopped diet". However, assessments do not reflect the following services provided:</p> <ol style="list-style-type: none"> <li>1. PCG progress note dated 2/25/19 reads, "will notify case manager drinks thickened liquid, bought thickener".</li> <li>2. Annual diet (5/8/19) order reads, "Regular".</li> <li>3. PCG reports, "I give her a Regular Diet and documentation for thickener was an error".</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In order to ensure that this does not happen again, I shall review the assessments, physician orders, and my progress notes to ensure correct information. If there is a discrepancy, I shall notify my RN Case Manager immediately. My RN Case Manager shall review all assessments, care plans, and physician orders to ensure cohesiveness and correctness.</p>	<p>8/20/20</p>

Licensee's/Administrator's Signature: Zenaida T. Bautista

Print Name: Zenaida T. Bautista

Date: 5/18/2020